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F O R T H E Y E A R

1939

H. Kenneth Cowan

County Medical Officer of Health.

Shire Hall,

Gloucester.

October, 1940.

To the Chairman and Members
of the Public Health Committee.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the County for the year 1939.

Owing to the war, the report is an attenuated document presented in typewritten form in an endeavour to save paper and costs of printing. The essential features presented in previous Annual Reports are retained, and the particulars are summarised in order to convey necessary information in the briefest manner possible.

The vital statistics are satisfactory and the report which deals with a normal year up to the outbreak of hostilities and with the first four months of the war does not show any material alteration in the health of the community in so far as this can be judged from death rates, infantile mortality and returns of infectious diseases.

There has been a great dislocation in the normal work of the Health Department occasioned by the change over from peace to a state of war in which the whole of the civil population of the country is engaged. Whilst every effort has been made to continue the fundamental features of the peace time health services, many of the details of close supervision have had to be abandoned or reduced very considerably. With the addition of responsibility for the organisation of the casualty and hospital services, evacuation and its accompanying problems and the multitudinous additional details of administration it is inevitable that the time devoted to peace time problems should be reduced to such an extent that attention must be given mainly to the daily deluge of question and answer leaving little time for constructive thought on the development of measures to improve health.

Nevertheless, as will be evident from the brief text of the report, the greater good of the community has not been lost sight of in the rush to defend it from death by violence from the air. There has been time to consider new schemes for the immunisation of the child population against diphtheria, for improving the Welfare of the Blind and for further consolidation of the Maternity and Child Welfare Services.

The ordinary treatment services have been able to continue and expand and to absorb into their ambit a large number of evacuated children and mothers. The daily supervision of infectious disease and measures for the control of its spread have continued uninterrupted and mothers are still instructed fully in the care, management and upbringing of their children to take their part in what it is to be hoped will be a happier environment.

The report deals with the work of the services to the end of the year 1939 only, but at this date, October 1940, when it has been possible to complete the report it can still be said that notwithstanding the additional difficulties since the end of last year all that is contained in the preceding paragraphs still holds good.

The intensification of the war has intensified the immediacy of the problems to be faced, but up to the moment the framework of the health services is standing up to the strain and providing satisfactory solutions to all unprecedented problems so far encountered.

It is not unlikely however that serious difficulties may arise and thought is continually given to the provision in advance of facilities for dealing with eventualities which may affect the health of the individual or community. The moving of large masses of the population from one part of the country to another, from urban districts to rural areas is bound to be fraught with risks, both psychological and physical, and steps to deal with problems which may arise must be prepared in advance. A complete survey of the water supplies of the County has been undertaken, and the need for further provision for the treatment of infectious diseases has been conveyed to the Ministry of Health. Accommodation for the treatment of minor infectious illnesses has already been provided in some areas and is under consideration for others, and provision has been made for the treatment of non-infectious illness in sick bays and for psychological problems in a special home for children. These and other measures will ensure in so far as is humanly possible, that the health of the people will be safeguarded under the new conditions of living and the strain of war.

Consideration of the health problems which are likely to be encountered as a result of the war leads to the probability that these will be associated mainly with nutrition and infectious disease, with perhaps an increase in the amount of general ill health and minor illness as a result of strain and the peculiar needs of defence of the population by herding in communal shelters.

Each of these problems is already in process of being dealt with. Further instruction of the public on the subject of food, lack of waste and its use to the maximum advantage from the nutritional aspect is being undertaken by the Ministry of Food, and local measures include special instruction through the Education Committee, Child Welfare Centres, Health Visitors and Voluntary Organisations. The importance of this subject both from the point of view of the health of the community and the maintenance of morale cannot be over emphasised. Experience in the last war of the gain to the victors from the apathy produced in the conquered through inadequacy of food, points clearly to the need not only for conservation of food, but continuous and expert instruction in the use of available supplies to provide the greatest benefit physically and mentally. The staffs of overworked health departments are not in a position to deal adequately with this need, and appropriate voluntary organisations might undertake the organisation of local centres of instruction with central co-ordination and direction of policy. It may be that communal feeding will eventually prove to be the solution to this problem, and thought has already been given to the production of suitable instructions for this purpose both locally and nationally.

The problem of the prevention of infectious disease has been complicated by evacuation and will be further complicated by the communal shelter. Direct preventive measures by inoculation and immunisation against certain diseases are available to the public, particularly the enteric group, small pox and diphtheria, but the response to these facilities is not likely to be great until experience of actual epidemics has occurred and all that can be done is to intensify existing methods of supervision of water supplies, sewage disposal and investigation of the source of infection of actual cases as they occur.

The shelter problem is bound up to some extent with that of infectious disease, particularly with regard to children. Now that it has become apparent that the use of shelters may involve not only their occupation for an hour or two, but as dormitories, it is imperative that adequate sanitary accommodation, proper ventilation and sufficient heating should be embodied in their construction. Steps to secure adequate rest and sleep for the sheltering population and inspection with power to enforce a code of conduct in the use of shelters are also immediate needs. During outbreaks of infectious disease a system of medical inspection and isolation will also be required.

The adjustment of life to the new conditions need not result in undue dislocation and with care the human organism can be adapted to withstand the potential dangers, but during the process of adaptation care must be taken to ensure that the threat to life and health is minimized by every possible means.

It will be apparent that the past year has been one of great and varied activity, and I cannot conclude without a tribute to the wonderful manner in which the staff have responded to every extra call upon their time and energy. Each new task has been met with cheerfulness and resource and pursued to its conclusion without regard to encroachment on leisure.

I have the honour to be,

Your obedient servant,

H. KENNETH COWAN,

County Medical Officer of Health.

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STAFF.

COUNTY MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER
H. Kenneth Cowan, M.D., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL
MEDICAL OFFICER.
F. J. G. Lishman, M.D., D.P.H., D.L.O.

MATERNITY AND CHILD WELFARE MEDICAL OFFICER
E. Catherine Morris Jones, M.B., B.S., D.P.H.

TUBERCULOSIS OFFICERS (Jointly with City of Gloucester)
W. Arnott Dickson, M.D., M.R.C.P., F.R.C.S., D.P.H.
(also Medical Superintendent of Standish House Sanatorium).
E. D. D. Davies, M.R.C.S., L.R.C.P., D.P.H.
F. H. Woolley, M.R.C.S., L.R.C.P., L.D.S.

ASSISTANT COUNTY MEDICAL OFFICERS
W. P. Cargill, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
(Appointed 17th April, 1939)
Isabel R. Gordon, M.B., Ch.B., D.P.H.
R. Lockhart, M.B., Ch.B., D.P.H.
H. F. W. Adams, M.B., Ch.B., D.P.H. (Died 31st Dec. 1939)
R. Green, M.D., D.P.H. (Resigned 31st March, 1939)
S. Knight, M.B., B.S., D.P.H.)
M. L. Sutcliffe, M.R.C.S., L.R.C.P.)
D.P.H.)
N. D. Dunscombe, M.B., Ch.B., D.P.H.) Also District
(appointed 1st June, 1939)) Medical
J. H. Kitson, M.B., Ch.B., M.R.C.S.) Officers of
D.P.H.) Health
(appointed 1st January, 1939))

SENIOR DENTAL OFFICER
J. Fletcher, L.D.S., R.C.S. Eng.

ASSISTANT DENTAL OFFICERS
Agnes M. Love, L.D.S. (Resigned 13th April, 1939)
Mary M. Clerke, B.D.S.
P. J. Wakley, L.D.S.
B. F. Wren, L.D.S.
Elizabeth C. Boss, L.D.S. (Appointed 31st May 1939 -
Resigned 7th October, 1939)
Muriel S. Cosh, B.D.S., (Appointed 13th November, 1939)

COUNTY SANITARY INSPECTOR
B. J. Dedsworth, C.R.S.D.

MILK SAMPLING OFFICERS
F. W. Gooderham, N.D.D.
J. I. Duberley, N.D.A.
W. D. Ardern, N.D.D.
Betty M. Hutchings (Temporary, appointed 10th October,
1939)
Lillian S. Smith (Temporary, appointed 10th October,
1939)

HEALTH VISITORS AND SCHOOL NURSES

Miss M. A. Bach (Appointed 11th September, 1939)
*Mrs. V. M. Bausor
Miss W. M. Beckensall
*Miss M. Bennett (Appointed 1st September, 1939)
Miss E. V. Howse
Miss E. N. James
*Mrs. I. V. Ladd
*Mrs. F. E. Lyne
*Miss D. K. Palin
Miss M. S. Payne
Miss A. Somerfield
Mrs. P. E. Watkins
Miss M.D.S. Wookey (Resigned 31st August, 1939)
Mrs. L. Wright
District Nurses, 141 part time
*also Supervisors of Midwives

ORTHOPAEDIC AFTER-CARE SISTERS

Miss A. Bracegirdle (Resigned 30th November, 1939)
Miss D. A. Rodenhurst
Miss J. Shepherd
Miss D. Hammersley (Appointed 20th November, 1939)

DENTAL ATTENDANTS

Miss W. Freeman
Miss M. Hunt
Miss A. G. Powell
Miss W. H. Roberts
Miss W. G. Stephens

REPORT

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres):-

Urban	...	...	...	...	...	24,179
Rural	...	...	...	...	...	749,821
						<u>774,000</u>

Population:-

Registrar General's Estimate mid 1939:

Urban	...	...	...	122,200	
Rural	...	...	...	<u>236,800</u>	359,000

Census 1931:

Urban	...	...	...	108,662	
Rural	...	...	...	<u>222,037</u>	330,699

Rateable Value	...	...	...	£1,769,966
Sum represented by a penny rate	...	...	...	£7,375
Extract from Vital Statistics of the year (whole County):				
Live Births - Legitimate	...	...	...	5,482
Illegitimate	...	...	...	<u>215</u>
				<u>5,697</u>

Birth Rate per 1,000 of population	...	...	...	16.3
Still Births ... 229	Rate per 1,000 total births	...	...	39.9
Deaths ... 4,687	Death Rate	...	...	13.1
Deaths from Puerperal Causes:-				

Puerperal sepsis	...	...	...	5
Other puerperal causes	...	...	...	13
Total	...	...	...	18

Death Rate of Infants under one year of age:-

All infants per 1,000 live births	...	...	...	43
Legitimate infants per 1,000 legitimate live births	...	...	...	41
Illegitimate infants per 1,000 illegitimate live births	...	...	...	107

Death from Cancer (all ages)	...	...	...	617
Measles (all ages)	...	...	...	1
Whooping Cough (all ages)	...	...	...	12
Diarrhoea (under 2 years of age)	...	...	...	11

1. Birth Rate.

The Birth Rate for the year 1939 is 16.3 per 1,000 of the population as compared with 15.8 in 1938.

The following table shows the comparative figures for the past five years.

	1935	1936	1937	1938	1939
Urban	13.5	14.1	13.8	15.1	15.8
Rural	15.2	14.7	15.5	16.2	16.5
Administrative County	14.5	14.5	14.9	15.8	16.3
England and Wales	14.7	14.8	14.9	15.1	15.0

2. Death Rate.

The Death Rate for the year is 13.1 compared with a rate of 12.8 last year.

The total number of deaths in the County during 1939 was 4,687 and the seven chief causes of death with the corresponding percentage of total deaths was as follows:-

Heart Disease	...	...	...	29.5
Cancer	...	...	...	13.2
Other Circulatory Diseases	.			6.6
Cerebral Haemorrhage	..	...		6.3
Violence	...	...	...	4.1
Pneumonia	...	...	...	4.1
Phthisis	...	...	...	3.2

Table of the seven chief causes of death.

The seven chief causes of death	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	U.	R.	Whole Cty.
Heart Disease	482	3.94	902	3.81	1384	3.85	28.71	30.00	29.53
Cancer	237	1.94	380	1.60	617	1.72	14.12	12.63	13.16
Other Circulatory Diseases	115	.94	192	.81	307	.85	6.85	6.38	6.56
Cerebral Haemorrhage	116	.95	178	.75	294	.84	6.91	5.91	6.29
Violence	64	.52	129	.54	193	.54	3.81	4.29	4.12
Pneumonia	69	.56	123	.52	192	.53	4.11	4.09	4.10
Phthisis	54	.44	97	.41	151	.42	3.22	3.22	3.22

3. Infantile Mortality.

The Infant Mortality Rate for the County for 1939 is 43 which is a slight reduction on the figure recorded last year. The rate for England and Wales for the same period is 50.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1935	58	41	128	38	186	39	57
1936	70	44	152	46	222	45	59
1937	81	59	146	42	227	45	58
1938	69	39	181	49	250	46	53
1939	75	39	174	45	249	43	50

INFECTIOUS DISEASES.

The returns of infectious diseases notified weekly throughout the year show that the incidence of Diphtheria decreased somewhat from 378 cases in 1938 to 330 in 1939. There was an increase in the number of cases of Scarlet Fever from 611 last year to 649 this year. The greatest incidence occurred during the last quarter when 227 cases were reported but the disease showed a relatively even incidence over the other nine months.

The only other noteworthy feature was an increase in the number of cases of Cerebro Spinal Fever from four in 1938 to Sixteen in 1939. An increase was to be expected in the latter half of the year, but five of the cases occurred during the first quarter. The remainder were of a sporadic nature and with the exception of two were spread over the latter half of the year in various rural districts. Only isolated cases of Cerebro Spinal Fever occurred amongst troops stationed in the County.

The scheme for artificial immunisation against Diphtheria mentioned in my Annual Report of last year, which it was hoped to apply throughout the County was not accepted by the majority of the District Councils and has not been put into operation. Further steps are, however, being taken to apply a scheme to children under five years of age through the Maternity and Child Welfare Authority, and it is hoped that this scheme will be in operation early in 1940.

WELFARE OF THE BLIND.

Arrangements for domiciliary medical assistance for blind persons were made by the County Council during the year. In accordance with the County Scheme, under the Blind Persons Act 1938, domiciliary medical assistance became a function of the Public Health Committee and the following are details of the arrangements:-

- (a) The patient will have free choice of doctor
- (b) The doctor will be paid an annual capitation fee of 10/- for his attendance upon the patient.
- (c) Medicines, drugs, dressings and appliances will be supplied to blind persons free of charge in accordance with the prescription of the doctor.
- (d) Where the blind person is insured under the National Health Insurance Scheme, no medical assistance will be afforded by the Local Authority,
- (e) Special medical assistance which may be deemed to be outside the scope of these arrangements will require previous consideration by the Public Health Committee before assistance is granted.

Each blind person in the County was informed that in future domiciliary medical assistance would be provided free of charge, and was asked to choose a doctor. The selected doctors were informed of the terms of the scheme and in every case agreed to co-operate. Books of prescriptions were supplied to doctors and chemists agreed to dispense prescriptions on the same terms as National Health Insurance provides.

The scheme has worked very successfully and ensures a complete medical service for all blind persons entirely apart from public assistance.

MATERNITY AND CHILD WELFARE.

1. MATERNITY SERVICES.

(a) Midwifery.

During the year 211 midwives notified their intention to practice in the County, 11 were employed in County Council institutions, 160 were employed by Voluntary Associations and 40 were in private or hospital practice. Of the total number 188 were resident in the County and 23 live outside the County boundary.

(b) Ante-natal and Post-natal Examinations.

Supervision of midwifery cases both before and after confinement are undertaken either in the patients home, the private doctors surgery or at Ante-natal clinics.

Ante-natal clinics at Cinderford and Soundwell continued to operate during the year. The former has a monthly session and the latter is held fortnightly. Lydney Ante-natal clinic has been re-opened and is held monthly.

The addition of a Post-natal examination to the services has now had a complete year of operation, and the response has been better, but there is much scope for improvement, and midwives are urged to persuade patients of the need for availing themselves of the facility. Ante-natal supervision has now become an accepted part of the routine with the majority of women booked by midwives and by continuous education it is hoped that the post natal examination will come to be looked upon also as a necessary concomitant of confinement.

(c) Maternity Hospitals.

No material alteration was made during the year in the arrangements for admissions of patients to Maternity Hospitals. During the year 631 patients were admitted to hospitals and of these 177 were dealt with at the Cotswold Maternity Home, Tetbury, which belongs to the County Council.

(d) Provision of Milk.

The scheme which was proposed by the Ministry of Health for the supply of milk at reduced rates to expectant and nursing mothers and young children was given careful consideration by the Maternity and Child Welfare Committee. They were, however, unable to recommend its adoption owing to the material increase in cost and the difficulties which would have been involved in putting into effect the complicated machinery for the operation of the Scheme.

The existing scheme which covers the supply of milk to expectant and nursing mothers and young children on health grounds was felt to be adequate if extended to cover all expectant mothers at any stage of pregnancy and this extension has been adopted.

2. CHILD WELFARE SERVICES.

The number of Child Welfare Centres in the County was increased during the year from 58 to 59, a new Centre having been opened at St. Briavels.

The health visiting arrangements remained unaltered and the following is a summary of the visits paid during the year.

To children under one year of age	...First visits	4739
	Total visits	34862
To children between one and five years	Total visits	48959

SANITARY CIRCUMSTANCES OF THE COUNTY.

The main changes in the sanitary circumstances of the County for the year are given below.

The report is a resume of the information supplied by the Medical Officers of Health and Sanitary Inspectors of the Districts as well as by the staff of the County Council.

1. WATER SUPPLIES AND ANALYSIS OF WATERS.

(a) Urban.

Generally in those Districts the quality and quantity of the supplies have been fully maintained. Routine samples were taken for both chemical and bacteriological examination and were satisfactory. No new sources were therefore necessary.

(b) Rural.

In the Rural Districts the water supplies are not so satisfactory either in quality or quantity. In several Districts new Schemes have been proposed and carried out to improve this state of affairs.

Cheltenham Rural District Council have proposed and received sanction from the Ministry to carry out a new area water scheme, whereby new sources at Stanton as well as the old supply at Stanway, will be utilised, to supply a large number of new works and villages in a satisfactory manner. North Cotswold Rural District Council have completed a comprehensive scheme giving supplies to Bledington, Stow-on-the-Wold, Bourton-on-the-Water, Donnington, Condicote, Bourton-on-the-Hill, Campden and Mickleton.

Sanction has been given to the Sodbury Rural District Council to give a satisfactory supply to the parish of Hawkesbury, including Hillesley.

Tetbury Rural District Council are erecting a new 60000 gallon reservoir at the Waterworks to increase pressure and storage.

Two new sources of supply are in course of gauging to augment the yield in dry weather in the District of West Dean, where the installation of the chlorination plant in 1938 has provided them with a supply satisfactory in quality.

Samples of drinking water taken from wells which are the usual supply apart from piped supplies were frequently unsatisfactory, and it is to be hoped that with the advent of better times it may be possible to introduce further schemes for piped supplies in many districts.

2. DRAINAGE AND SEWERAGE, SEWAGE DISPOSAL AND CLOSET ACCOMMODATION.

Owing to the existing war conditions, only minor adjustments and repairs were carried out in the majority of Districts. New schemes were only proceeded with when absolutely necessary to preserve the health of the community.

(a) Urban Districts.

Some minor adjustments were carried out to the new sewage works at Cossham in Kingswood.

At Mangotsfield, development in housing estates necessitated enlargement of existing sewers and a joint

Drainage scheme with Bristol and the County Council was entered into, and contributions made, in order to increase the size of sewers at High Street, Broad Street and Cassel Road.

At Stroud some privy vaults and cesspools are still in use and it is hoped that this may be remedied after the War.

(b) Rural Districts.

At Southam a private undertaking was taken over and modernised, and a scheme in connection with a new factory was completed. Improvements at Prestbury works are required, but will be considered again after the War.

There is need for a sewerage system at seven parishes in Dursley District, and work was commenced on the reconditioning of the sludge lagoons at Dursley Cam outfall works.

At Nowent extension. at the sewage works near Cadburys old factory was completed, but as Nowent itself is the only part of the District that is sewered, all the other parishes require attention.

In the Sodbury District, work was suspended on the Yate, Wick, Pucklechurch Scheme. A storm water sewer has been laid at Wados Road, Filton, other sewers extended and 26 earth closets have been replaced by W.C's.

Temporary Disposal Works have been constructed at Patchway in the Thornbury District, 17 improved privies constructed and 3 replaced by W.C's.

In the Warmley District now sewers have been constructed, and 13 connections made to the sewer to replace earth closets.

In West Dean, 84 earth closets have been replaced by W.C's but all parts of the District require improvements in respect of sewerage generally.

3. ANNUAL SURVEYS OF RIVER SEVERN.

Only one survey of the River Severn was possible this year owing to the outbreak of War in September. This survey was carried out on 4th July. The results of the various samples taken was no doubt affected somewhat by the bore which went upstream about 12.30 p.m. on the day of the survey. As in the previous year, two samples were taken from each of 10 points, and the results obtained are shown in the accompanying table.

ANALYSES OF SAMPLES, 4th July, 1939.

	Time	Temperature.		pH	Chloride Parts per 100,000	Nitrous Nitrogen (Nitrite) Parts per 100,000	Ammon. Nitrogen (Free & Saline Ammonia) Parts per 100,000	Diss- olved Oxygen Parts per 100,000	Oxygen Satur- ation. %
		Air °C	Water °C						
Mythe Bridge	10.15	23	18	8.0	9.0	0.0055	0.0088	0.64	71.9
River Avon, 200 yards above Con- fluence.	10.45	22	18.2	8.0	7.2	0.0030	0.0096	0.78	85.9
Lower Lode	10.50	22	18.2	7.9	11.0	0.0055	0.0008	0.52	59.9
Haw Bridge	11.0	21	17.8	7.9	9.8	0.0040	0.0024	0.67	74.6
River Chelt, 50 yards above Con- fluence.	11.20	21	18.5	7.5	10.6	0.2000	3.5096	0.92	105.38
Maisemore Bridge (Western Arm)	12.30	20	18.2	8.4	11.4	0.0055	0.0064	0.67	77.2
Over Bridge (Western Arm)	12.40	20	18	7.9	11.0	0.0100	0.0176	0.72	82.7
Westgate Bridge (Eastern Arm)	12.50	19	18	8.1	11.4	0.0060	0.0064	1.056	121.9
200 yds. below Gloucester City Outfall (Eastern Arm)	1.55	23	19.5	8.0	11.6	0.0060	0.0316	0.54	63.7
Minsterworth Ferry.	1.15	25	19.7	8.0	11.6	0.0120	0.0268	0.80	94.4

General Comments.

Combined chlorine content increases from 7.2 to 11.6 and may be accounted for by some sea water entering in the bore.

Nitrites.

The figures for nitrous nitrogen are too high and somewhat disconcerting, in that it shows evidence of pollution by sewage or animal excrement.

Dissolved oxygen reached the point of supersaturation at Westgate Bridge and in the River Chelt, but the latter result is probably anomalous and due to the very high ammonia figure which affects the accuracy of the analysis, unless the lengthy preliminary oxidation method is used.

The marked fall in the percentage of Dissolved Oxygen below the Gloucester City outfall as compared with that at Westgate Bridge above the outfall, is possibly explained by the heavy deposit of mud collected with the

sample. The Dissolved Oxygen figures are generally higher than at the corresponding time in 1938.

4. RIVERS AND STREAMS.

No comprehensive surveys of Rivers, except the River Severn, were undertaken by members of the County staff during the year, but District Medical Officers have reported some complaints which were dealt with.

(a) Urban Districts.

There was one case of pollution of Warmley Brook from household wash, but the effluents from factories were satisfactory. In Nailsworth, one large factory has installed a plant to deal with their effluent.

In the other Districts regular inspection and taking of samples showed no cause for complaint.

(b) Rural Districts.

In Cheltenham District pollution of the Hyde Brook at Prestbury was caused by the number of troops at the Racecourse being too large for the disposal plant. A new plant has been installed at Sodbury, samples were taken from the Frome Brook, Bradley Brook and the Hambrook streams, with particular reference to chromium pollution. In the remainder of the Districts nothing of a serious nature has been reported, and various measures have been taken to render the streams free from pollution, e.g. construction of watertight cesspools and septic tanks, and some houses whose drains ran into a stream were connected with the sewer.

CIVIL DEFENCE.

1. CASUALTY SERVICES.

(a) First Aid Posts and Parties.

A complete scheme for the organisation of Casualty Services in the County was approved by the County Council early in 1939, and the necessary steps were taken in the preparation of plans for adaptations of buildings for submission to the Ministry of Health. When hostilities commenced in September, the organisation was well advanced and capable of being put into immediate operation. There were certain deficiencies in equipment in most areas, and incomplete staffing in some Posts, but steps were taken to deal with the latter by local recruitment and the former was gradually made good by local purchases and by issues from Central Government Stores.

The Casualty Services Scheme comprised the establishment of nine Fixed First Aid Posts in the County and nine Mobile Aid Posts situated to deal with the treatment of casualties in both Urban and Rural Areas. First Aid Parties were also organised throughout the County, and the Ambulance services were placed under the control of the Public Assistance Officer who was appointed as County Ambulance Officer. First Aid Points were also established in villages throughout the County, but the number of Points was restricted by the Ministry of Health to a maximum of 150.

(b) Hospital Services.

The hospitals available in the County for dealing with the reception of casualties were classified in accordance with the recommendations of the Ministry of Health into Grade 1A, Grade 1B and Group 2 Hospitals.

The Grade 1A hospitals were those capable of dealing with large numbers of surgical emergencies and comprised the Cheltenham General Hospital, the Cheltenham Public Assistance Institution, now the Cheltenham Emergency Hospital and the Stroud General Hospital. Grade 1B included the smaller voluntary hospitals of the County and certain Public Assistance Institutions. Group 2 was comprised of the remainder of the Public Assistance Institutions and Salterley Grange Sanatorium.

Surveys of all these hospitals and institutions were made by officers of the Ministry of Health, and their maximum capacity by utilising all available accommodation for beds and by overcrowding was assessed.

Equipment for emergency was carried out entirely by the Ministry of Health, and has been strictly controlled in accordance with their settled policy. Representations have been made on numerous occasions with regard to the type of equipment, and its sufficiency or omissions of certain articles, but these have met with varying degrees of success. On the whole, the standard of hospital equipment is fair, but considerable dissatisfaction has been expressed by staffs of hospitals at unduly improvised methods and by difficulties encountered in obtaining articles of equipment or authority for the purchase of items considered essential.

(c) Staffing.

Arrangements were made through the Local War Committee of the British Medical Association for the

allocation of doctors to First Aid Posts. Two Medical Officers were allotted to each Post, fixed and mobile, in the County.

A Local Emergency Committee for the Nursing Profession was constituted for the County and City of Gloucester, comprised of representatives of various interested bodies to deal with the establishment of a "Civil Nursing Reserve" for use in hospitals, First Aid Posts and to assist, where necessary, with district nursing. The Committee deals with the recruitment and training of women for service with the Civil Nursing Reserve and their allocation for duty when required. It is affiliated to the Central Emergency Committee in London and local and central registers of available personnel are kept.

The recruitment and training of members of First Aid Parties and of staff for first aid posts and points has been undertaken in co-operation with the British Red Cross Society and the St. John's Ambulance Association, and the numbers recruited and trained by the end of the year were well up to the war establishment of the County.

The medical and surgical staffing of the Emergency Hospitals was carried out in conjunction with the Local War Committee and at the Cheltenham Emergency Hospital two resident medical officers were appointed in addition to the allocation of specialised visiting medical and surgical staff. Mobile surgical teams consisting of a surgeon, anaesthetist and trained nursing staff were also organised at Cheltenham and Stroud.

(d) Casualty Bureau.

A Casualty Bureau was established at the offices of the health department in September to collect information daily as to the number of vacant beds in each hospital and the number of casualties received in the hospitals of the County and the City of Gloucester. The operational control of hospitals in the County and the City of Gloucester is in the hands of the Regional Hospital Officer of the Ministry of Health at Bristol, and precise information as to the position of the hospitals must be supplied to him each day. In the event of serious air raiding, arrangements are in existence for conveying this information at much more frequent intervals either by day or by night.

2. EVACUATION.

(a) Expectant Mothers.

It was agreed with the authorities of Birmingham to receive a number of expectant mothers from that City into the County on the outbreak of war. The actual number was not specified, but was considered likely to be approximately five hundred.

Following a conference at the Ministry of Health in August the inspection and subsequently the adaptation of Postlip Hall, Winchcomb, as an improvised Maternity Home was authorised. The house was kindly loaned by the owner Mrs. Mitchell for this purpose. By dint of day and night work on the part of the medical staff of this department the premises were adapted and completely equipped for the reception of thirty six patients within two weeks, and the first cases were admitted on 6th September. The numbers of women received under the Evacuation Scheme was less than anticipated, but arrangements were made for the establishment of a special ante natal clinic at Cheltenham, where the majority were billeted,

and complete ante natal supervision was provided for all patients prior to their admission.

A resident medical officer was provided from the staff of the Birmingham Health Department, and a number of Birmingham midwives accompanied the patients. The staff was supplemented by appointment of local midwives and by members of the Civil Nursing Reserve.

The Home was still in operation at the end of the year although the admissions had become very few in number owing to the drift back to Birmingham of large numbers of the evacuees.

(b) Unaccompanied school children.

The County was scheduled as a reception area under the Government Evacuation Scheme, and some 8000 school children were received from Birmingham and London. The arrangements for reception and billeting were undertaken by the District Councils and the medical services were provided from the medical staff of the County Council in co-operation with doctors in the County.

The steps taken to provide medical and allied services for the children were outlined in detail in my School Annual Report published earlier this year. The general policy of the County Council was to provide for the evacuated school children the same facilities for medical inspection and treatment as for children resident in the County, but it was considered impracticable to introduce new schemes for the extension of services to raise the standard to that of the evacuation areas if discrepancies were found to exist.

In actual practice it was found that the evacuated children had not be accustomed to a higher standard of medical service in their own areas than that which existed in the County, and in some cases the medical services of the County proved to be of a more comprehensive nature than those of the evacuation area.

Administration of personal services of a medical nature is of course infinitely more difficult in a County than in a County Borough where clinics, hospitals, etc., are all within easy reach and transport is readily available. The greater elasticity of the County services however compensates to some extent and the commonplace of improvisation in daily routine, with the production of good results in surroundings far from palatial, was of enormous benefit in coping with the cataract of evacuation.

The ancillary services to deal with sick and difficult children included the provision of domiciliary medical treatment by private doctors, in accordance with the scheme of the Local War Committee of the British Medical Association; the establishment of sick bays for the reception of children suffering from minor illness who could not be cared for by householders in their billets, and the establishment of a home for evacuated children manifesting difficulties of behaviour and for whom ordinary billeting was unsuitable.

The varied nature of the problems requiring urgent attention gave rise to much difficulty, and the co-ordination of the services to be provided took time, but by the end of the year it was possible to deal fairly adequately with all children requiring attention, a result which was facilitated by the reduction in numbers consequent upon the drift back to the evacuation areas.

The burden of work on the staff was considerably relieved by the loan from Birmingham of a whole-time Assistant Medical Officer, a whole-time Dental Surgeon with dental attendant and two school nurses.

3. GENERAL REMARKS.

The outline, in the preceding paragraphs, of work undertaken as a result of the war gives only a very sketchy indication of the problems which have been encountered and dealt with, and apart from evacuation the civil defence medical services of the County have not been severely tested. Nevertheless the organisation has been carried out with a view to giving the maximum service possible to the population, not only in urban areas but in remote rural districts.

The evacuation problem has had, perforce, to be dealt with in all its phases and the medical organisation has been sufficient to meet its needs efficiently up to the present. The casualty services may or may not be tested on a large scale, but their organisation from the training of the individual to large scale reinforcement exercises has been designed to meet the worst that may happen.